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**FAX TRANSMISSION**

TO: Commissioner for Patents  
Attn: Examiner Michael G. Mendoza  
P.O. Box 1450  
Alexandria, VA 22313-1450

DATE: August 9, 2005

FROM: Glenn M. Seager

OUR REF.: 1001.1286103  
TELEPHONE: 612.359.9312

Total pages, including cover letter: 10

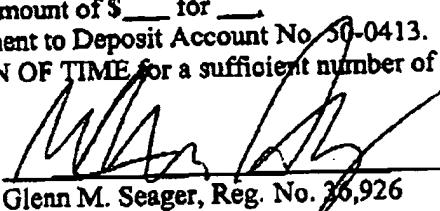
**PTO FAX NUMBER 571-273-8300**

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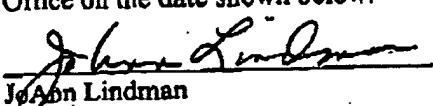
Title of Document Transmitted:	Amendment
Applicant:	Naroun Suon et al.
Serial No.:	10/789,110
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Please charge Deposit Account No. 50-0413 in the amount of \$        for       .  
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By:

  
Glenn M. Seager, Reg. No. 36,926

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

  
Jo Ann Lindman

8-9-05  
Date

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1001.1286103

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	0	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	0
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

• If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

3-21-05

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	24	Minus	1
Independent	3	Minus	1	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR XS18=	—
X43=		OR X86=	—
+145=		OR +290=	—
TOTAL		OR TOTAL	770

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	6	Minus	24
Independent	6	Minus	3	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR XS18=	—
X43=		OR X86=	600
+145=		OR +290=	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	600

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	0	Minus	0
Independent	0	Minus	0	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.